

On Heels of Health Care Reform, Bills would Help Improve End of Life Care & Reward Efficient State Care

Washington, DC – Rep. Earl Blumenauer (D-Ore.) today introduced three pieces of legislation that would significantly improve end of life care, reward states like Oregon for providing quality health care efficiently, and examine and improve regional differences in Medicare services. As a member of the Ways and Means Subcommittee on Health Care, Rep. Blumenauer is working to include these bills in the comprehensive health care reform bill currently being drafted.

“Our nation’s health care system is in crisis, and we have a real chance to act now, reform our policies, and make sure every American has access to affordable, quality health insurance. No person confronting end-of-life realities should have to face further obstacles presented by a broken health care system. My legislation would make end-of-life care more accessible and more affordable by giving people the tools they need to make difficult decisions.

“America is home to the world’s most expensive health care system and much of this is due to inefficiency. Despite run-away costs, we still struggle to provide coverage for all. The Medicare Efficiency Incentive Act will reward states like Oregon, Washington, and Minnesota that have managed to provide high quality care at lower costs. We should not be penalized by a system that indiscriminately rewards volume of services, irrespective of whether the services provided improve a person’s health. By rewarding good, efficient care, my bill offers an incentive for high spending regions to curb costs while rewarding states like Oregon for effectively using health care resources.

“President Obama and Congress are working to reduce health care costs and give people more options. These pieces of legislation will reduce unnecessary spending and make it easier for Americans to make tough decisions about their health care.”

Background on the Three Bills:

The Medicare Efficiency Incentive Act:

America has the most expensive health care system in the world, and one problem is that the federal government enables inefficiency. This is costly and unfair to those in efficient, low-spending regions such as Oregon, Washington, Wisconsin, North Dakota and Minnesota, who subsidize high-spending regions.

Medicare beneficiaries living in Miami, Las Vegas, New York and Houston receive approximately 60% more services than those living in low-spending regions. This higher spending has not produced higher quality of care or superior outcomes. In fact, research shows

that health care outcomes and patient satisfaction are often greater in regions that spend less.

This bill would change the financial incentives in our health care system to reward low-spending Medicare regions through a 5% bonus payment. Currently, there is no financial incentive for high-spending regions to reign in spending. This would create that incentive and reward regions that have made a concerted effort to efficiently use health resources.

A Bill to Better Inform Regional Medicare Policy:

To ensure more efficient health care spending, this bill would lay the foundation for better research for Congress to use in analyzing Medicare policy recommendations. The bill would change MedPAC's statutory mandate to include an annual report to examine each Medicare region, evaluating access to care, quality of care, increases or decreases in volume of services, and the potential effects of other policy recommendations under consideration. This new report will provide critical data and result in more accurate and targeted policy recommendations that consider geographic variations and recognize that distinctly different delivery systems should be treated differently.

These strategic investments in Medicare will lay the groundwork for future improvements and refinements to the program as we promote efficiency and quality in all regions of the country.

The Advance Care Planning and Compassionate Care Act of 2009:

This companion bill to legislation introduced by Senators Rockefeller (D-WV), Collins (R-ME), Kohl (D-Wis), Carper (D-Del), and Wyden (D-Ore) would provide the tools and resources necessary to dramatically improve care at the end of life by.

- Improving consumer information about advance care planning and end-of-life care.
- Improving provider education and training about advance care planning and end-of-life care by establishing a National Geriatric and Palliative Care Service Corps modeled after the National Health Service Corps.
- Requiring portability of advance directives from one state to another, and require any existing advance directives to be prominently placed in a patient's medical record so they are easily visible.
- Authorizing funding for new and innovative approaches to advance care planning through grants made available to states for development of electronic advance directive registries. Grants would also be made available to develop systems to identify that a person has an advance directive using driver's licenses, similar to how organ donor status is indicated.
- Providing Medicare, Medicaid, and CHIP coverage for advance care planning consultations so that patients can routinely talk to their physicians about their wishes for end-of-life care.
- Improving consumer access to hospice and palliative care so the public is well informed of

the care options available at the end of life.

- Providing concurrent care for children, meaning both curative and hospice care at the same time. This will make it possible for children to receive the palliative services they need from hospice while still pursuing potentially life-saving treatments.
- Requiring the development of quality measures to assess end-of-life care. The Secretary of HHS, acting through the Director of the Agency for Healthcare Research and Quality, shall require specific end-of-life care quality measures for each relevant provider setting. The legislation would also develop and implement accreditation standards and processes for hospital-based palliative care teams.
- Establishing the National Center on Palliative and End-of-Life Care at the NIH. Biomedical and health services research is vital across all phases of life. A new National Center on Palliative and End-of-Life Care at the NIH will lead biomedical research on palliative and end-of-life care.

Read the [myth vs facts](#) on the Advanced Care Planning and Compassionate Care Act of 2009.

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Media Contact: Erin Allweiss

202-225-4813 Office/202-446-8265 Cell

Erin.Allweiss@mail.house.gov